

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/27/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968782	(X3) DATE SURVEY COMPLETED 08/25/2015
NAME OF PROVIDER OR SUPPLIER CROSSROADS CARING HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2563 RIVER RD CARYVILLE, FL 32427	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced complaint survey was conducted at Crossroads Caring Home Assisted Living Facility located in Caryville, FL on to review CCR 2015009012. Deficient practice was identified during the survey.

0081 Training - Staff In-Service

Based on record review and staff interview the facility failed to ensure all direct care staff complete 1 hour of training regarding recognizing and reporting resident neglect and within 30 days of employment for 3 of 3 sampled direct care staff. (Staff A, B and C)

The findings include:

Review of staff A, B and C's employee training provided by the Administrator was conducted on The training only covered how to handle residents who become threatening and demonstrate behaviors. Employee A was hired on Employee B was hired on Employee C was hired on
An interview was conducted with Employee A on at approximately 1:17 PM. She stated this was the only evidence of training they have on file and all employees are direct care staff.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 11, 2015

Administrator
Crossroads Caring Home
2563 River Rd
Caryville, FL 32427

RE: CCR #2015009012

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on August 11, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than August 11, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,


Deborah Helberg
Field Office Manager

DH/dh
Enclosure

XG90

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